Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-13-2007</u>	Address:	10280 KAYS CHAPEL RD.	
Case #:	45F47282		FREDERICKSBURG, IN	
County:	<u>WASHINGTON</u>		TREEDERGERANGURG, IN	
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Type of Laboratory Seizure (check one)		Seizure Location (c	Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
·				
☐ Yes ☐ No *If yes, lax repo	age 18 discovered (check one) (number present) ort to Child Protective Services	☐ Retail/Men	Pseudoephedrine Tracking Log chant Tip	
This report is to be faxed to the following agencies that serve the location:				
Fire Departm	ent: POSEY TWP	Fax: N/A		
Health Department: WASHINGTON CO		Fax: <u>883,588</u>	<u>1</u>	
Child Protecti	on Service:	Fax:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>GREENWELL</u> Phone <u>812,246,5424</u>				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Profective Services Department listed within 24 hours of scene processing.